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tions for the various portions of the occipital cortex are given in full. The indirect nature of the reaction following the stimulus is indicated by the influence of the position of the *tapetum* within the eye. This is as a rule eccentric and lies, in the dog, in the dorso-lateral quadrant of the retina. As a consequence of its position the movements of the eye in order to fixate objects below would be less than that required to fixate those above. Indeed the author seems to have been able to predict any unusual position of the *tapetum* from the degree of the various movements observed during the experiment. It would seem a fair inference from this that the elements stimulated by the electrical current were the same as those stimulated by the impulses from the retina. Since, at the same time, stimulation of the white matter, the occipital cortex having been cut away, produces similar movements, it would appear that the co-ordinating apparatus was sub-cortical.

Zur Frage der Localization der Grosshirnfunctionen. W. WUNDT. Philos. Studien. B. VI. H. I. 1890.

When reviewing a paper by Munk on the cortical localization of vision (this JOURNAL, Vol. II, p. 627) some statement was made of the criticism there contained of Wundt's position on this subject. The above heading is that of a paper in which Wundt makes reply to Munk's strictures. It is concerned mainly with the demonstration that Munk's conception of cortical localization is unclear because he confuses the localization of elementary functions, (*e. g.* color perception, which is in accord with the new nerve-physiology) with the localization of complex intellectual activities, (*e. g.* memory pictures, which is of a piece with the old phrenology.) Wundt further goes on to show that with the doctrine of the specific energies of nerves Munk's results have little or nothing to do, and thus aims to re-establish himself in his old position. The article is referred to here mainly for what general criticism it contains of the doctrine of strict cortical localization and because it gives Wundt's present views on the subject in a somewhat connected form.

Ueber Rindenblindheit. D. FÖRSTER in Breslau. Von Gräfe's Archiv f. Ophthalmologie, B. XXXVI, Abt. 1, Leipzig, 1890.

The author describes the case of a man who being 44 years of age, in 1884, suddenly, without other disturbance, developed a double hemianopsia involving completely the right halves of both visual fields. The vertical line bounding the defective region, instead of passing directly through the fixation point went 1° to 2° to the right of it. The acuteness of vision was at first decreased, but in five months returned to the normal. The patient was able to attend to his business which was that of a post-office official. Somewhat less than five years later the vision of the patient became further impaired while he was on a walking trip during his vacation. This new attack took some three days to fully develop. After it he was apparently completely blind. Six weeks subsequent to the last attack Förster saw him and found that he had a very small region in the central part of each retina which still functionated, a visual field which could be imitated by looking through a tube 81 mm. long the further end of which was closed by a diaphragm having in it an opening 1 mm. in diameter. With this he could read fine type, distinguish objects by their shape, if they were small, but could not distinguish colors. Further than this his conception of the relation of objects in space to one another and to himself was very seriously impaired and he was incapable of profiting by experience in supplying himself with new data on such points. Förster diagnosed the case as a thrombosis of the principal arteries supplying the visual area of the occipital cortex. A study of the mental defects in this case showed that while the patient had no difficulty in describing in visual terms

experiences of his previous life, yet he could not draw nor describe a map of any sort, not even the arrangement of the furniture in the rooms he had been accustomed to occupy, and that with his eyes either bandaged or uncovered his ability to find his way about was far below that of the average individual blind though a peripheral lesion. Förster draws the following conclusions: Since the retina is, for a small extent at least, intact, the color blindness cannot be of peripheral origin. In the occipital cortex are located the perceptions for topographical relations. Further, he takes the case to disprove the view that the crossed and uncrossed optic fibres are mixed in the fovea, (this explaining hemianopsia with the retention of vision in the fovea,) and, if I understand him correctly, assumes a complete crossing of the optic fibres and explains the retention of vision at the fovea by considering that the anastomotic connections of the vessels supplying the cortical centre are more complete for the part of the cortex representing the fovea, and hence that a plugging of the arteries as in this case affects vision at the fovea least and last of all. The ophthalmoscope had thus far revealed no atrophy in the optic nerve.

Case of cerebellar tumor with monocular diplopia as a symptom. A. B. SHAW. *Alienist and Neurologist*. July 1890. Vol. XI. No. 3.

The diagnosis is given in detail, and it is simply stated that the results of the autopsy were entirely concordant with it. The lesion was on the left side, and there was homonymous hemianopsia, and diplopia of the left eye.

Zur Lehre von der Kreuzung der Nervenfasern im Chiasma Nervorum optico-rum. Dr. ANTON DELBRÜCK. *Archiv f. Psychiatrie und Nervenkrankheiten*. B. XXI. H. 3. 1890. 1 Taf.

The author first describes the optic nerves and tracts from an insane man of 70 years. As the patient never exhibited any noticeable disturbance of vision no examination of the eyes had been made, but at the autopsy the left optic nerve was found nearly completely degenerated, while the right was about half degenerated. The study of the specimen shows a connection between the optic nerves and optic tracts of the same sides, which is explained by considering that in this case it is mainly the uncrossed bundle of fibres which has been preserved. The general discussion of the course of the optic fibres contains a fundamental critique of the conclusions of Michel, whose advocacy of total decussation of the optic fibres some years since re-opened the whole question. In this connection Delbrück shows that the ideas that the chiasma offered a resistance to the degenerative process and that degeneration was progressive, were freely used by authors reasoning on this question.

He considers that the study of the fibres in this region should be guided by the following practical rules: 1. If there are normal fibres in the optic nerves there must be corresponding normal fibres in the optic tracts. The converse also is true if the commissural fibres in the tracts are excluded. 2. If there are degenerated fibres in the nerves there must of necessity be degenerated fibres in the tracts, but these may be either plainly recognizable by their degenerated remains or may have undergone resorption to such an extent as to be no longer evident.

To these two, just given, the author adds several other suggestions:

a. In comparing a degenerated nerve which contains two groups of fibres with its mate which is normal, and drawing from this a conclusion as to the size of the degenerated portion it must always be remembered that the extent to which the degenerated portion has been resorbed will very materially influence the result. *b.* When one optic nerve is degenerated and both tracts are found almost or apparently completely normal the inference is valid, under certain conditions, that the degenerated fibres